

TRANSMITTAL FORM (to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/072811
Filing Date	February 8, 2002
First Named Inventor	Joan Wang
Group Art Unit	1763
Examiner Name	Roberts P. Culbert
Attorney Docket Number	LIGHT1901

	ENCLOSURES (check all that apply)				
х	Fee Transmittal Form	Assignment Papers (for an Application)		After Allowance Communication to Group	
	x Fee Authorized	Drawing(s)		Appeal Communication to Board of Appeals and Interferences	
х	Amendment	Licensing-related Papers		Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
	After Final	Petition to Covert to a Provisional Application		Proprietary Information	
	Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address		Status Letter	
x I	Extension of Time Request	Terminal Disclaimer		Other Enclosure(s) (please identify below):	
	Express Abandonment Request	Request for Refund	x	Postcard RCE	
x	Information Disclosure Statement	CD, Number of CD(s)			
		Remarks			
,	Certified Copy of Priority Document(s)	456			
	Response to Missing Parts/ Incomplete Application	, ,			
	Response to Missing Parts under 37 CFR 1.52 or 1.53				
С	ustomer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here)			
The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-2326. A duplicate copy of this sheet is enclosed. Respectfully submitted, By: Attorneys for Applicant(s) Fax: (760) 728-1541					

		CERTIFICATE OF MAILI	NG		
mail	_	deposited with the United State atents and Trademarks, Wash			class
Typed or printed name	TRAVIS DODD				
Signature	3		Date	8/23/03	



FEE TRANSMITTAL

Attorney Docket No.	LIGHT1901
First Named Inventor:	JOAN WANG
Application Number	10/072811
Filing Date:	February 8, 2002
Examiner Name:	Roberts P. Culbert
Group/Art Unit:	1763

\$ 456.00
X The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:
Deposit Account No.: 502326 Deposit Account Name: Lightcross, Inc.
X. Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17
2X Payment Enclosed: _X Check Money Order Other

2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$ 740.00	\$370.00	\$ 0.00
Total Claims	41 - 39=	2	X \$ 18.00	X \$ 9.00	\$ 19.00
Independent Claims	2 - 3=	0	X \$ 84.00	X \$ 42.00	\$ 0.00
Multiple Dependent Cla	im(s) (if applicable))	\$ 280.00	\$140.00	\$ 000.00
Total of above Calculations =				\$ 0.00	

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$ 330.00	\$ 165.00	\$ 000.00
Reissue filing fee	\$ 740.00	\$ 370.00	\$ 0.00
Provisional filing fee	\$ 160.00	\$ 80.00	\$ 00.00
Total of above Calculations =		\$ 00.00	

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
RCE.	\$	\$375.00	\$375.00
Petition for 1 month extension	\$	\$55.00	\$55.00
	\$	\$	\$
	\$	S	\$
		TOTAL	: \$438.00

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent) 42,491	
Signature	5-2/1	Date \$\frac{23}{03}	